

SUMMARY OF BENEFITS Cigna Health and Life Insurance Co.



Town of Manchester – OAP Basic Open Access Plus In-Network Copay Plan

Annual deductibles and maximums	In-network
Lifetime maximum	Unlimited per individual
Pre-Existing Condition Limitation (PCL)	Does not apply
Coinsurance	You pay 0% Plan pays 100%
Calendar year deductible	Employee \$0 Employee and family \$0
Calendar year out-of-pocket maximum	Employee \$0 Employee and family \$0

Benefits	In-network
Physician services	
Office visit copay	You pay \$5 per visit
Physician services (hospital) <ul style="list-style-type: none">In hospital visits and consultationsInpatientOutpatient	You pay 0% Plan pays 100%
Surgery (in a physician's office)	You pay 0% Plan pays 100%
Preventive care	
Children (through age 21) <ul style="list-style-type: none">Office visitImmunizations (including travel related) are covered at no charge.Includes screenings for lead poison	No Charge
Adults and children (age 22 and older) <ul style="list-style-type: none">Immunizations (including travel related) are covered at no charge.Immunizations count toward the calendar maximum.Unlimited calendar year maximum	No Charge

Benefits	In-network
Mammogram, PSA, Pap Smear and Maternity Screening <ul style="list-style-type: none"> Coverage includes the associated Preventive Outpatient Professional Services. Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service. 	No charge
Inpatient hospital facility services	
Semi-private room and board and other non-physician services <ul style="list-style-type: none"> Inpatient room and board, pharmacy, x-ray, lab, operating room, surgery, etc. 	You pay 0% Plan pays 100%
Inpatient Professional Services <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists 	You pay 0% Plan pays 100%
Multiple surgical reduction <ul style="list-style-type: none"> Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery. 	Included
Outpatient services	
Outpatient surgery (facility charges)	You pay 0% Plan pays 100%
Outpatient Professional Services For services performed by surgeons, radiologists, pathologists and anesthesiologists	You pay 0% Plan pays 100%
Physical, occupational, cognitive and speech therapy <ul style="list-style-type: none"> Limited to 60 days for all therapies combined per calendar year Includes physical therapy, speech therapy, occupational therapy, chiropractic therapy (includes chiropractors), pulmonary rehabilitation and cognitive therapy Therapy days, provided as part of an approved Home Health Care plan, accumulate to the outpatient short term rehab therapy maximum. Includes maintenance for chiropractic care Includes massage therapy when in conjunction with physical therapy or chiropractic care Speech, physical, and/or occupational therapy for autism spectrum disorder is covered on an unlimited basis. 	You pay \$5 per office visit
Outpatient cardiac rehabilitation <ul style="list-style-type: none"> Limited to 36 days per occurrence 	You pay \$5 per office visit
Lab and X-ray	
Lab and X-ray <ul style="list-style-type: none"> Physician's office 	You pay 0% Plan pays 100%

Benefits	In-network
Lab and X-ray <ul style="list-style-type: none"> Outpatient hospital facility Independent x-ray and/or lab facility 	<p>You pay 0% Plan pays 100%</p>
Lab and X-ray, emergency room and urgent care <ul style="list-style-type: none"> Emergency room when billed by the facility as part of the emergency room visit Urgent care when billed by the facility as part of the urgent care visit. Independent x-ray and/or lab facility in conjunction with a emergency room visit 	<p>No charge</p>
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none"> Physician's office visit 	<p>No charge</p>
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none"> Inpatient facility 	<p>You pay 0% Plan pays 100%</p>
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none"> Outpatient facility 	<p>You pay 0% Plan pays 100%</p>
[Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none"> Emergency room Urgent care facility 	<p>No charge</p>
Emergency and urgent care services	
Hospital emergency room <ul style="list-style-type: none"> Including radiology, pathology and physician charges Copay waived if admitted, then inpatient hospital charges would apply 	<p>You pay a \$50 copay, then no charge</p>
Ambulance Note: Non-emergency transportation (e.g. from hospital back home) is generally not covered.	<p>You pay 0% Plan pays 100%</p>
Urgent care services <ul style="list-style-type: none"> Copay waived if admitted, then inpatient hospital charges would apply. 	<p>You pay a \$25 copay, then no charge</p>
Other health care facilities	
Skilled nursing facility, rehabilitation hospital and other facilities <ul style="list-style-type: none"> 180 days per calendar year 	<p>You pay 0% Plan pays 100%</p>
Home health care <ul style="list-style-type: none"> Unlimited days per calendar year 	<p>You pay 0% Plan pays 100%</p>
Hospice <ul style="list-style-type: none"> Inpatient services Outpatient services 	<p>You pay 0% Plan pays 100%</p>

Benefits	In-network
Other health care services	
Durable medical equipment <ul style="list-style-type: none"> Unlimited per calendar year maximum 	You pay 0% Plan pays 100%
External prosthetic appliances (EPA) <ul style="list-style-type: none"> Unlimited per calendar year maximum 	You pay 0% Plan pays 100%
Early Childhood Intervention Services <ul style="list-style-type: none"> Services covered for child or child's family from birth to age 3 	You pay 0% Plan pays 100%
Diabetic Equipment and Supplies Includes glucometers, blood glucose monitors for the legally blind, insulin pumps, infusion devices and related accessories, including those adaptable for the legally blind; medically necessary	You pay 0% Plan pays 100%
Diabetes Training – Diabetic Self Management Courses <ul style="list-style-type: none"> For Inpatient and Outpatient Training; including training conducted in group sessions, home visits and nutrition therapy; including needs assessment, education plan, education intervention, evaluation of learner outcomes, plan for follow up for continuing learning needs and documentation by the provider. 	You pay \$5 per visit
Hearing Aids <ul style="list-style-type: none"> \$1,000 maximum per calendar year for ages 12 years and younger 	You pay 0% Plan pays 100%
Wigs <ul style="list-style-type: none"> \$350 maximum per calendar year 	You pay 0% Plan pays 100%
Naturopath	You pay \$5 per visit
Osteopaths	You pay \$5 per visit
Nutritional Formula Birth through 12 years of age	You pay 0% Plan pays 100%
TMJ	Not Covered
Infertility <ul style="list-style-type: none"> Office visit for testing, treatment and artificial insemination Inpatient hospital facility Outpatient hospital facility Physician services Surgical treatment includes both correction and in-vitro fertilization, GIFT, ZIFT, etc. \$5,000 lifetime maximum. 	Cost and reimbursement vary based on the facility in which it is performed



Benefits	In-network
Family Planning <ul style="list-style-type: none"> Office visits Inpatient hospital facility Outpatient facility Physician services Surgical services such as tubal ligation or vasectomy are covered (excludes reversals) Contraceptives Covered 	<p>Cost and reimbursement vary based on the facility in which it is performed</p>
Mental health and substance abuse services	
<p>Please note the following regarding Mental Health (MH) and Substance Abuse (SA) benefit administration:</p> <ul style="list-style-type: none"> Substance Abuse includes Alcohol and Drug Abuse services. Transition of Care benefits are provided for a 90-day time period. 	
Inpatient mental health services <ul style="list-style-type: none"> Unlimited days per calendar year 	<p>You pay 0% Plan pays 100%</p>
Outpatient mental health physician's office services <ul style="list-style-type: none"> Unlimited visits per calendar year. This includes group therapy mental health and intensive outpatient mental health 	<p>You pay \$5 per visit</p>
Outpatient mental health facility services <ul style="list-style-type: none"> Unlimited visits per calendar year This includes group therapy mental health and intensive outpatient mental health 	<p>You pay 0% Plan pays 100%</p>
Inpatient substance abuse services <ul style="list-style-type: none"> Unlimited days per calendar year 	<p>You pay 0% Plan pays 100%</p>
Outpatient substance abuse physician's office services <ul style="list-style-type: none"> Unlimited visits per calendar year This includes intensive outpatient substance abuse 	<p>You pay \$5 per visit</p>
Outpatient substance abuse facility services <ul style="list-style-type: none"> Unlimited visits per calendar year This includes intensive outpatient substance abuse 	<p>You pay 0% Plan pays 100%</p>
Prescription Drugs	
Pharmacy coverage	<p>Pharmacy benefits not provided by CIGNA</p>
Vision care <ul style="list-style-type: none"> One exam every 24 months. Refraction exams do not apply to the vision exam maximum 	<p>No charge</p>

Definitions

Deductible – A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

Coinsurance – After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called coinsurance.

Copay – A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

Out-of-pocket Maximum – Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "maximum reimbursable charges" or negotiated fees for covered services.

Place of service – Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Selection of a Primary Care Provider – Your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, CIGNA may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

For children, you may designate a pediatrician as the primary care provider.

Direct Access to Obstetricians and Gynecologists – You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit www.mycigna.com or contact customer service at the phone number listed on the back of your ID card.

Pre-existing condition limitation – Not applicable to anyone under 19 years old. Applies to any injury or sickness that you are diagnosed with and receive treatment for, or incur expenses for during the 90 days before you are insured by these benefits or you begin an eligibility waiting period (whichever is earlier). Please refer to your plan documents for specific details.

Transition of Care – Provides in-network health coverage to new customers when the customer's doctor is not part of the CIGNA network and there are approved clinical reasons why the customer should continue to see the same doctor.

Maximizing your health care dollars

Log on to myCIGNA.com for resources to help you choose a health care professional or compare the cost and quality of medical services, medications and hospital care.

When you need a medical service or procedure, CIGNA offers you opportunities to save on prescription medicine, routine medical care, laboratory services, radiology scans, and outpatient surgery. Details are below:

CIGNA Home Delivery Pharmacy – You can save money and enjoy convenient home delivery by using CIGNA Home Delivery Pharmacy for your prescription medications. You can get up to a 90-day supply of your medication.

Lab – Save on lab services by using a free-standing laboratory instead of a hospital- or clinic-based lab.

Urgent Care – For non-emergency conditions that need attention before you can see your doctor, you can save money by going to an urgent care center instead of an Emergency Room (ER).

Convenience Care – For minor or routine conditions, go to a Convenience Care Clinic when your doctor is unavailable. Convenience Care Clinics are retail-based and often found in pharmacies or grocery stores.

Radiology – Costs for MRIs, PET, and CT scans can vary greatly. Non-hospital based outpatient radiology centers often cost much less than a hospital. CIGNA's network includes both hospitals and outpatient centers, so you can find a radiology center that's right for you.

Outpatient Surgery – Costs for colonoscopies, arthroscopies, and other outpatient procedures can vary greatly. Using a free-standing outpatient surgery center can save hundreds of dollars.

Exclusions

What's Not Covered (*not all-inclusive*):

Your plan provides coverage for most medically necessary services. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Services provided through government programs
- Services that aren't medically necessary
- Experimental, investigational or unproven services
- Services for an injury or illness that occurs while working for pay or profit including services covered by worker's compensation benefits
- Cosmetic services
- Dental care, unless due to accidental injury to sound natural teeth
- Reversal of sterilization procedures
- Genetic screenings
- Obesity surgery and services
- Non-prescription and anti-obesity drugs
- Custodial and other non-skilled services
- Weight loss programs
- Hearing aids
- Treatment of TMJ Disorder
- Acupuncture
- Telephone, email and internet consultations in the absence of a specific benefit
- Eyeglass lenses and frames, contact lenses and surgical vision correction